



NH Bureau of EMS Bulletin

Volume 14, Issue 2

February 2014—March 2014

Special points of interest:

- Page 5 has a chart of the AEMT Transition Numbers as of March 2014
- Don't miss out on our Abe and Hal simulator trainings! Contact [Mike Kennard](#) today.
- Want to find out where our current practical exams are for BLS and ALS? Visit the [Course and Exam Schedule](#) today!

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Message from the Chief

Hello ! It's Spring and it has been a busy few months, as usual! While we are diligently working on a variety of projects, I want to particularly thank all the providers and Division staff that helped create the spinal motion restriction training video. Nice job to everyone!

BEMS Staff Positions:

Currently we have an open full-time Program Assistant position that is based in Concord. Primary duties are assisting our investigator, working on special projects and managing Unit and Provider communications resources.

The Deputy Chief of EMS / Trauma Coordinator position is in the final stages of approval with personnel and then Governor and Council prior to being posted.

Narcan and Drug Overdoses

The Media is reporting on an increase in Heroin overdoses and the use of Narcan as a "life saving miracle drug". TEMSIS data does show a rise in overdoses and Narcan use by EMS in the last couple of years. While the MCB is looking at possible protocol changes based on these trends, don't forget: *good BLS skills-Rescue Breathing and CPR- will always be the first-line treatment for these cases, even if Narcan is available.*

Administrative Rules and Legislation

The updated Admin Rules have been reviewed by the DOS attorney. I anticipate them going to the Joint Legislative Committee on Administrative Rules for approval in April.

The EMT-I grandfather bill (HB 1603) has been referred to interim study until late summer or fall.

Mobile Integrated Healthcare:

The term "Community Paramedicine" is being rebranded nationally as "Mobile Integrated Healthcare" to be more descriptive and inclusive. Several services have approached the Bureau interested in developing a Mobile Integrated Healthcare System in their area. To support this development, we continue to engage other NH healthcare partners, including the NH Hospice, Nurses and Homecare Associations and DHHS, in order to find how best to "integrate" into existing systems to compliment them. All groups have been positive and willing to work on this collaboration. We are working on having a stakeholder meeting later this year.

Thanks and stay safe. As always, please contact the Bureau if you have any questions or concerns.

Nick Mercuri, Bureau Chief
NH Bureau of EMS

BEMS Licensing Numbers

As of March 2014

Provider Level	Count	Total
Apprentice	10	10
First Responder	121	218
EMR	97	
NH EMT's	44	44
EMT-B	1131	2581
EMT	1450	
EMT-I	955	1345
AEMT	390	
EMT-P	492	954
Paramedic	462	
Total NH EMS Providers		5305

Instructor/Coordinators 147

Licensed Ambulances 502

Transport Units	170
Non-Transport Units	133
Total NH EMS Services 303	

TEMSIS: Data Quality Reports

Within the next few weeks, Services will begin to receive an emailed report from the TEMSIS system. The report will be an overall report card about the quality of the data each service is entering into TEMSIS. It will also contain some basic call summary information such as types of calls, dispositions, destinations, runs by city and call times.

There will be a single report that will cover all of 2013 and then monthly reports for each month this year. The information will not come as an attachment, but will be a

secure link that the service head must follow to be able to access the report.

This report will go to the email address for the primary contact setup in TEMSIS under the service setup (not the one with the diamond next to the name in the staff list, the one that is actually setup for the service under service name). More than one person in a service can receive this report. Contact the TEMSIS staff for help to make this work.

TEMSIS: Elite Transistion

This fall the TEMSIS system will be getting a major facelift as part of the process of transitioning to the NEMSIS version 3 dataset. This transition is required of all states and has been in the works for several years. Image Trend has taken this opportunity to rebuild most of the system from the ground up. While there are some short-term drawbacks to this approach, there will be many long-term benefits to the new system. Image Trend is calling their new system "Elite" and will bring together many parts of the current system that run separately (which means they will now work together more smoothly).

The best news is that Silverlight will be going away!

The new runform is expected to run much more quickly (now that Silverlight will be out of the picture). The

new runform is intended to run on all platforms (yes-even Mac devices!) and screen sizes. However, there will also be a significant visual change to the way TEMSIS currently looks. This means we will be putting a significant effort into the rollout education for this fall. Here is the rough timeline we have mapped out so far (subject to change):

July-August: Image Trend is scheduled to deliver the software to states near the end of July. NH will then be setting up the new software, creating the runform based on what we collect and adjusting background settings to meet NH's needs.

September: We will be piloting the new runform with several services and building our rollout education. NH will begin accepting V3 run reports from 3rd party vendors.

October-November: Educational Rollout. Services may begin adopting the new runform with a soft rollout (a whole service needs to make the switch; you can't mix old and new runforms within a service).

December: Hard Transition-all services must transition to the new run form; the old one will not be available.

December 31st, 2014: last day 3rd Party software will be allowed to submit version 2 runforms.

This is a tentative schedule and subject to change slightly over the next couple of months based on when Image Trend has the software ready.

TEMSIS: Changes and Updates

The transition to the TEMSIS Elite run form will mean a number of changes to what is in the run form and how we collect it. In an effort to bring about some changes gradually, there will be periodic updates to TEMSIS over the next 6 months.

These started with the recent update to the procedures list. Additional changes will include normalizing and simplifying town names, setting up quick access tools for documenting patient assessment, spinal motion restriction, airway management, altered mental status and stroke to name a few. We will do our best to document these changes and get notices out to you prior to the changes occurring.

TEMSIS: Report Writer

The Old Report Writer 1.0 (now labeled “Old Report Writer” in TEMSIS) will be discontinued as of March 31st. Image Trend has made no updates to this software for 3-4 years and we actually negotiated keeping it on as long as we have. A Guide to building a basic report will be emailed out and posted in TEMSIS and more detailed user’s guides are available under “Help”. **NOTE:** any reports you have made in the Old Report Writer **MUST** be rebuilt in Report Writer 2.0—they will not come over automatically as these are completely different programs.

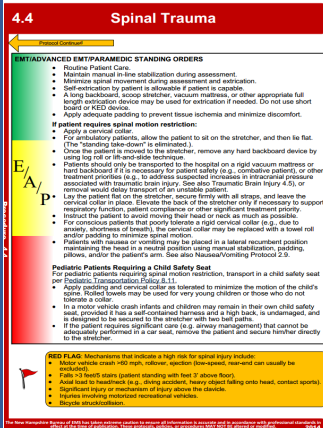
TEMSIS: Event Reporting

Event reporting links will appear in TEMSIS and on the Bureau websites shortly. This is an anonymous reporting system for patient safety events, near miss events for providers, provider assaults and line of duty deaths.

An independent agency then scrubs the information and provides safety reports back to states. If critical medical issues (such as adverse effects of medications or dangerous labeling) come up, then states

will be notified more immediately so they can address the issues. The important thing about this tool is that it is anonymous and geared toward improving the culture of safety.

The website clearly states the reporting tool is not intended for reporting poor clinical care or otherwise complaining about issues that should normally be handled through service leadership, medical direction or reporting to the state.



Spinal Trauma Protocol 4.4

Still Requires a Spinal Assessment!

See below for details.

Advanced Life Support: Clinical Notes on Protocols

Spinal Motion Restriction Protocol

It is with great pleasure that we report to the EMS Community that the Spinal Injury Protocol training has been received with great reviews and has also been given kudos in JEMS’ “Street Watch Blog”. The program was rolled out on February 28, 2014 and as of today we have had over 2,084 providers complete the training.

Spinal Assessment Still Required!

We feel it is important to stress to everyone that the change in how we apply spinal precautions does NOT negate the necessity for a *complete spinal assessment* for any patient with a suspected mechanism for spinal injury.

Recently it has come to our attention that a few providers believed that we eliminated the spinal assessment with the backboard and therefore did not identify patients that should have had spinal motion restriction applied! This is absolutely not true! You are still required to perform a complete spinal assessment on your patient, and if a spinal injury is suspected OR the patient is unable to participate in the exam, then spinal motion restriction is to be applied.

If you have not taken the program, please assist in a

smooth transition and complete the training by May 31, 2014. The education program is designed for the EMS provider to log into our Online Learning Academy and follow through the program. The program is broken up into segments to include an introduction, information on the evidence behind the change, review of the new protocol, and scenarios.

To Complete the Spinal Motion Restriction Training Please Follow These Steps:

1. Enter the **Online Learning Academy** at:
<http://nhoodle.nh.gov/ola/> via Firefox, Chrome, or Safari. **The program DOES NOT work on Internet Explorer.**
2. Log In. If you do not have an account, you can create one. (There is a video on the home page instructing how to create an account).
3. From the Online Learning Academy homepage, scroll down and under courses select “**EMS**”.
4. Next select, “**Continuing Education**”
5. Then select, “**Spinal Injury Protocol**”
6. Follow through the program as instructed.

Field Services: Provider Licensing Season

“NH Provider

Licenses are valid until April 30th this year, even if the License shows an expiration date of March 31st.”



“Abe” the BEMS Adult Simulation Manikin

Contact Michael Kennard at michael.kennard@dos.nh.gov to schedule this valuable training to come to your department!

TIP: To add a new provider to your

TEMSIS Staff,

Contact EMS

Licensing and

report their

affiliation with

your Unit.

Time to Renew your EMS License!

“All hands on deck” – Licensing Season is here! Our section is lucky enough to have assistance from the Divisions administrative section, part time education and licensing personnel, and our four full time Field Services staff to process the thousands of licenses that come in each year – the majority during the month of March.

We appreciate that each applicant is concerned with maintaining an active license and will do our best to process applications within a five day window from receipt, but we need your assistance!

Please make sure that each EMS Provider Application is complete before submitting to include:

- Copy of National Registry Card
- Scope of Practice for your provider level Completed
- Protocol Exam from the current set of protocols Completed.

If we do not have verification of these requirements – the application will be put on hold, the applicant will be notified and the application will sit idle until the missing documentation is provided by the applicant. This is all in your hands!

LIN Numbers for Online Renewals

LIN numbers can only be obtained from the renewal letter sent to your home address. *We are not allowed to provide lost LIN numbers if you call the Bureau.* If you no longer have your LIN number, you will need to renew the old-fashioned way with a paper application and mail. This is a Department of Safety rule designed to ensure the security of your information!

Thank you for your attention to this and we look forward to working with you!

Field Services: Responsibilities of the EMS Unit Leader

As an EMS Unit Leader/Chief/ Director there are many things that fall under your responsibility. It could be that you make the decision to delegate some of these items to other parties within your organization, but I think we will all agree that the responsibility still falls back on the leadership to make sure it is being accomplished. Administrative rule (Saf-C 5902.08) dictates that each Unit must report the following changes, within 30 days of the change, to the Bureau of EMS:

1. Providers additions or deletions from your Unit Roster (affiliations),
2. Changes to the Unit's Address or Contact Information
3. Changes to leadership or authorizing officials (paperwork and TEMSIS),
4. EMS vehicle crash reports,
5. Ambulance additions (need inspection) and DELETIONS from the fleet.

This notification can be as simple as an email from an authorized Unit official sent to the EMS Licensing Staff at: EMSLicensing@dos.nh.gov

Without this information, the Bureau databases will not be current. This makes it difficult to contact the appropriate unit leadership or provide timely approvals of changes. This also makes it difficult to insure that accurate staff and vehicle information is on file and shared with TEMSIS. Many organizations and governmental agencies ask the Division for data on a regular basis, our goal is to give them the most accurate available. Please assist us with this and realize that rules are in place that require reporting – thank you!

Emergency Preparedness and Special Projects

Bariatric Equipment Project

The bariatric equipment project is making great leaps forward. Grant funding was found to purchase and initial 10 sets of bariatric equipment-including stretcher, ramps, winch, Hover-Tech mat and lift system-that will be distributed around the state. Each county will get an equipment cache, including 3 heavy duty mounts for the winch to be pre-installed in ambulances strategically located and staffed in each county. The grant deadlines are very short, so this project is moving quickly. Plans for deployment, equipment

agreements, and dispatch plans are being worked out and finalized at this time. Standby for more details.

AED Registry and Purchases

Currently, there are 3036 registered AED's in NH (and counting!)

The Direct AED Purchase plan is still in place until June 2015. You can purchase an AED, including a complete fixed facility installation kit, for the great price of \$870.

Contact Bill Wood for AED purchase details or AED Registration.

Education: AEMT Mobile Testing Lab

We are proud to announce the success of our Pearson-VUE Mobile Testing Lab which provides the NREMT AEMT Transition exam to multiple providers at once at pre-approved mobile sites around NH.

We have delivered exams in the North Country, Seacoast, and Central New Hampshire, and are working to bring the exam to Cheshire County and the Southern Merrimack Valley. Nearly 50 candidates have been tested thus far and the pass rates are comparable to those achieved at the fixed PearsonVUE sites.

A potential mobile testing site must be inspected and pre-approved to ensure that

it has appropriate and compatible internet access and meets the general requirements of PearsonVUE. We have site visits scheduled in the near future and hope to increase the currently pre-approved sites from 6 to 15.

This program represents a significant investment in time, personnel and resources on the part of the Division in an effort to help to reduce the time and resources required by EMT-Intermediates (and their services) in achieving the goal of becoming Advanced EMTs.

Bringing the exam closer to home also helps to reduce the anxiety that unfortunately can surround the exam

process. By reducing travel time and costs and testing larger groups of providers, who often know each other and work together.

Overall, this program has been a resounding success and has been extremely well-received by the EMS community.

To bring this program to your area, please contact Paula Holigan (Paula.Holigan@dos.nh.gov)

AEMT Transition Numbers

As of March 2014

AEMT Mobile Testing

Pre-Approved Testing Sites	6
Tests Conducted	4
Individuals Tested	41

AEMT Test Prep Classes

Classes Conducted	54
Individual Participants	549
Classes Scheduled	6

AEMT Transition Tests

NH 1 st Time Pass Rate	64%
NH Overall Pass Rate	72%
Candidates Tested	407

All Current AEMTs	390
1 st Time AEMTs	94
Transitioned AEMTs (24%)	294
EMT-Is Still to Transition*	955

Education: AEMT Transition

AEMT Transition Testing

New Hampshire's EMT-Intermediates still continue to perform well above the national average on the NREMT AEMT Transition Exam. New Hampshire's first-attempt pass rates continue to be around 63%, with overall pass rates hovering near 72% - more than 10% better than the National average. We are mid-way to the Transition deadlines but have only seen about one-third of our Intermediates attempt the exam so far. We hope to improve those figures in the coming cycle.

Remember that you do not need to

wait until your recertification year to attempt the exam. We encourage everyone to test early so that there is plenty of time to improve and retest if needed. We have been approached by many successful AEMTs who want the Division to get the word out that the test is not as bad as it has been made out to be and that they are willing to talk to whoever has questions about the exam.

Preparing for the AEMT Exam

AEMT Exam Prep classes continue to be well received by the state's transitioning EMT-Intermediates. We have also hosted a number of Anatomy & Physiology classes at the Fire & EMS Academy in Concord

*NR AEMT Transition Deadlines

EMT-Is Expiring 2014, 2016	2016
EMT-Is Expiring 2015, 2017	2017

and are working with the Division's eLearning Section to be able to deliver these by WebEx (Live internet and conference call) as well. We are also looking into recording a WebEx session so that it can be viewed at a later date and time. These A&P classes are currently scheduled for March 20th and 29th. Interested parties can sign up on the Division's website.

www.nh.gov/ems



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Education: Incubating Projects

With refresher and recertification season winding down, the Education Section is turning our attention toward all of our incubating projects. Here are some of the highlights:

- We are conducting a LEAN process to streamline the Instructor/Coordinator application for course approval.
- We are looking at improving the audit process to ensure the highest quality EMS education is delivered.
- We are in the exploratory phase of integrating an Educational Institution model for the delivery of EMS programs in this state.
- We are exploring the possibility of piloting a very new NREMT recertification process called the National Continued Competency Program (NCCP). This will redefine the way that New Hampshire's Providers obtain their NREMT continuing education and recertifications. Representatives from the National Registry are scheduled to spend three days in New Hampshire in mid-May to discuss this program with the Division, the Medical Control Board, the Coordinating Board, and the EMS Instructor/Coordinators.

As always, please feel free to contact any member of the Education Section for more information or to schedule any of these exciting programs.

Administration:

Name	Title	E-mail Address
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Nick Mercuri	Bureau Chief	nick.mercuri@dos.nh.gov

Advanced Life Support / PIFT / Protocols:

Vicki Blanchard, NREMT-P	ALS Coordinator	vicki.blanchard@dos.nh.gov
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Education:

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Karen Louis, NREMT-B	Education Specialist, Regions 3 and 4	karen.louis@dos.nh.gov
Kim Mattil, NREMT-B	Education Specialist, Region 2 & out-of-state reciprocity	kimberly.mattil@dos.nh.gov
Susan Anderson, EMT-B	Program Coordinator, PEETE/Evaluators	susan.anderson@dos.nh.gov
Michael Kennard, NREMT-P	Program Coordinator, Simulation Training Coordinator	michael.kennard@dos.nh.gov

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